

**NVL Laboratories, Inc.**

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1.888.NVL.LABS (685.5227)

**CHAIN of CUSTODY  
SAMPLE LOG**Client Paul W. Jackson & Associates

NVL Batch Number \_\_\_\_\_

Street 2440 Alki Avenue SW # 303

Client Job Number \_\_\_\_\_

Seattle, WA 98116

Total Samples \_\_\_\_\_

Project Manager Paul JacksonTurn Around Time ☐ 1-Hr ☐ 24-Hrs ☐ 4 Days  
☐ 2-Hrs ☐ 2 Days ☐ 5 Days  
☐ 4-Hrs ☐ 3 Days ☐ 6 to 10 Days  
Please call for TAT less than 24 Hrs

Project Location \_\_\_\_\_

Email address pwjack1@attbi.com

Phone: (206) 932-1123 Fax: (206) 932-1123

Cell: (206) 714-7446

<input type="checkbox"/> Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400)	<input type="checkbox"/> TEM (NIOSH 7402)	<input type="checkbox"/> TEM (AHERA)	<input type="checkbox"/> TEM (EPA Level II)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asbestos Bulk	<input type="checkbox"/> PLM (EPA/600/R-93/116)	<input type="checkbox"/> PLM (EPA Point Count)	<input type="checkbox"/> PLM (EPA Gravimetry)	<input type="checkbox"/> TEM Bulk	
<b>METALS</b> <input type="checkbox"/> Total Metals <input type="checkbox"/> TCLP	<b>Det. Limit</b> <input type="checkbox"/> ppm (AAS) <input type="checkbox"/> ppb (GFAA)	<b>Matrix</b> <input type="checkbox"/> Air Filter <input type="checkbox"/> Drinking water <input type="checkbox"/> Dust/wipe <input type="checkbox"/> Soil	<input type="checkbox"/> Paint Chips <input type="checkbox"/> Paint Chips (Area) <input type="checkbox"/> Waste Water <input type="checkbox"/> Other _____	<b>RCRA Metals</b> <input type="checkbox"/> Arsenic (As) <input type="checkbox"/> Barium (Ba) <input type="checkbox"/> Cadmium (Cd) <input type="checkbox"/> Chromium (Cr)	<input type="checkbox"/> All 8 <input type="checkbox"/> Lead (Pb) <input type="checkbox"/> Mercury (Hg) <input type="checkbox"/> Selenium (Se) <input type="checkbox"/> Silver (Ag)
<b>Other Types of Analysis</b> <input type="checkbox"/> Fiberglass <input type="checkbox"/> Silica	<input type="checkbox"/> Nuisance Dust <input type="checkbox"/> Respirable Dust	<input type="checkbox"/> Rotometer Calibration <input type="checkbox"/> Mold/Fungus	<input type="checkbox"/> Other (Specify) _____		

Condition of Package: ☐ Good ☐ Damaged (no spillage) ☐ Severe damage (spillage)

Seq. #	Lab ID	Client Sample Number	Comments	A/R
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

	Print Below	Sign Below	Company	Date	Time
Sampled by					
Relinquished by					
Received by					
Analyzed by					
Results Called by					
Results Faxed by					

**Special Instructions:** Unless requested in writing, all samples will be disposed of two (2) weeks after analysis.

RCLLC 0002130